



11/11/08 RCE
Atty. Dkt. No. 030481-0212

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Per EGNELOV et al
Title: DEVICE FOR VISUALLY
INDICATING A BLOOD
PRESSURE
Appl. No.: 10/756,765
Appl. Filing Date: 1/14/2004
Examiner: Patricia C. MALLARI
Art Unit: , 3735
Confirmation Number: 1510

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission **required** under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

07/01/2008 JADD01 00000061 10756765

01 FC:2801
02 FC:2251

405.00 OP
60.00 OP

☒ Please enter and consider the amendment and/or reply previously filed on May 28, 2008.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ___ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ___.

☐ Other ___.

b. Enclosed are:

☐ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO/SB/08 with copies of ___ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$810.00	= \$810.00
Total Claims:	0	- 20	= 0	x \$50.00	= \$0.00
Independents	10	- 10	= 0	x \$210.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$370.00	= \$0.00

CLAIMS FEE TOTAL: = \$810.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00	1	\$120.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$460.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,050.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,640.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,230.00		\$0.00
EXTENSION FEE SUBTOTAL:				\$120.00
EXTENSION FEE ALREADY PAID: -				\$0.00
EXTENSION FEE TOTAL				\$120.00
CLAIMS AND EXTENSION FEE TOTAL:				\$930.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$465.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:				\$465.00


A credit card payment form in the amount of \$465.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____

By  _____

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5426
Facsimile: (202) 672-5399

Glenn Law
Attorney for Applicant
Registration No. 34,371